

Case Number:	CM14-0123531		
Date Assigned:	08/08/2014	Date of Injury:	10/03/2013
Decision Date:	10/15/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	08/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral shoulder pain reportedly associated with an industrial injury of October 3, 2013. Thus far, the injured worker has been treated with the following: Analgesic medications; topical agents; earlier lumbar spine surgery; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated June 26, 2014, the claims administrator denied a request for topical lidocaine pads. The applicant's attorney subsequently appealed. In an October 9, 2013 progress note, the injured worker was described as using Mobic, Motrin, and Lidoderm patches for pain relief. Physical therapy was endorsed. In a later note dated July 24, 2014, the injured worker reported persistent complaints of shoulder pain. The injured worker was given prescriptions for Vicodin, Ambien, Ketoprofen, and Flexeril. The Lidoderm patches at issue were reportedly appealed. A rather proscriptive 10-pound lifting limitation was endorsed, which the attending provider suggested that the injured worker's employer was unable to accommodate, resulting in the applicant's removal from the workplace.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidocaine pad 5% day supply 30 qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section. Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of topical lidocaine in applicants with neuropathic pain in whom there has been a trial of first-line antidepressants and/or anticonvulsants. However, in this case the injured worker's primary pain generator appears to be shoulder bursitis/shoulder tendonitis. There is no evidence that the injured worker carries a diagnosis of neuropathic pain insofar as the injured shoulder is concerned. Furthermore, there is no evidence that first-line antidepressants and/or anticonvulsants were trialed and/or failed before the Lidoderm patches at issue were selected. Therefore, the request is not medically necessary.